

## MA Allies Launch Ad Campaign As CY 2026 MA Rate Notice Hits OMB

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(Inside Health Policy)

The Better Medicare Alliance Monday (March 17) launched a campaign encouraging the Trump administration to protect Medicare Advantage -- coming as the White House reviews a final 2026 Medicare Advantage pay notice stakeholders hope is more generous than the Biden administration's proposal and as policy experts increasingly suggest cutting MA overpayments as a way to offset other spending.

The Biden administration in mid-January proposed an average 4.33% MA pay bump for 2026, slightly more than the 3.7% boost plans received in 2025, but MA advocates immediately slammed the proposed rates as insufficient. "The Trump administration will have an important opportunity to strengthen Medicare Advantage beginning on Day One," BMA President Mary Donohue said at the time.

The final version landed at OMB on Friday (March 13) and is slated to be released on or before April 7.

**"This is a critical moment for Medicare Advantage," Rebecca Buck, BMA senior vice president of communications, said Monday.** "Millions of seniors depend on Medicare Advantage for affordable health care, and they are feeling squeezed after two years of cuts to the program. With important policy and funding conversations happening right now, seniors' voices need to be heard and taken seriously -- and that's our goal with this campaign."

The seven-figure digital campaign will run in the Washington, DC through spring, BMA said.

In its comments on the proposed rule, BMA noted that Milliman and PwC had estimated medical costs trends increased by 8% from 2023 to 2024 and argued that if implemented as proposed the MA pay model would fail to keep pace with costs and to cover beneficiaries' cost of care.

The lobby's other major recommendations for the final rule included spreading out the remaining impact of the removal of indirect medical education from the payment formula, instead of applying the full 48% to 2026, and delaying plans to calculate two normalization factors for prescription drug hierarchical condition categories (RxHCCs) until more data are available.

BMA also spearheaded a Feb. 20 letter to CMS from dozens of stakeholders arguing the proposed update falls short of what's needed to adequate care for beneficiaries.

MA plan withdrawals, higher costs and reduced benefits could continue without revisions in the final notice, they told Acting CMS Administrator Stephanie Carlton in the missive. BMA and other groups offered to partner with the administration on fighting chronic disease and supporting whole-person health, reducing administration burdens and backing more transparency.

Meanwhile, although President Donald Trump has repeatedly said he would protect Medicare from cuts as Congress seeks funding to support his tax-cutting agenda, several experts say lawmakers should crack down on MA plans that aggressively upcode or find more diagnosis codes for patients to increase pay. Congress' Medicare payment advisors say coding intensity is a major reason they project MA spending will be 20% higher than fee for service in 2025.

Rep. Greg Murphy (R-NC) has been pointing to MA overpayments as a potential avenue for offsetting physician pay reforms, and Brian Blase of Paragon Health Institute and Marc Goldwein of the Committee for a Responsible Federal Budget (CRFB) both recently said Congress shouldn't ignore MA in its quest to find payment offsets.

Mehmet Oz, Trump's pick to head CMS previously called for leveraging MA to cover all Americans not on Medicaid, but he raised concerns about MA plans' coding intensity during his confirmation hearing Friday. -- Amy Lotven ([alotven@iwppnews.com](mailto:alotven@iwppnews.com))